US ERA ARCHIVE DOCUMENT

## AMBIENT AIR POLLUTION EXPOSURE AND VASCULAR DYSFUNCTION



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#### Cardiovascular Effects of PM

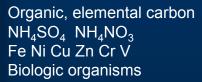
#### CAP exposures causes:

- Acute arterial vasoconstriction (Brook RD. Circulation 2002: 105:1534)
- Increase in systolic blood pressure (Urch B. EHP 2005; 113: 1052)
- Increase in ADMA (rats) (Dvonch JT. Inhalat Toxicol 2004; 16: 473)
- Responses related to carbon (Urch B. Inhalat Toxicol 2004; 16: 345)

#### Ambient PM exposure causes:

- Increase in blood pressure (Zanobetti A. Circulation 2004; 110: 2184)
- Impaired vascular function (O'Neill MS. Circulation 2005; 111: 2913)







Chronic

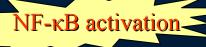






#### ROS generation / oxidative stress

Macrophage / alveolar cell PM uptake and activation PM induced (transition metals, organic agents)



Chemokine production (MCP-1, IL8, MIP-1α) Adhesion molecule expression (VCAM) Cytokine production (IL-6, TNFα) ROS generation ( $O_2$   $H_2O_2$  ONOO)

1 Activated WBC, Cytokines (IL-6, TNF, IL1β)

1 Liverexpression of CRP

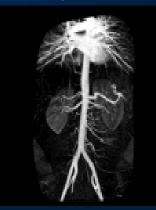
↑ ROS vascular<sub>tissue</sub>/cellular gener ation ↑ Fibrinogen, platelet reactivity

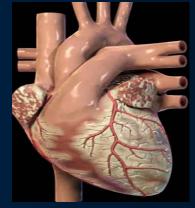
? UFP in vessels, TF, Oxidized lipoproteins, insulin resistance

Systemic oxidative stress Pro-inflammatory response

#### **UFP** in circulation

Autonomic imbalance (direct PSNS/SNS reflex) TROS (PM, WBC, NADPH) †Microparticles (Plt, cells) ↑SNS, AT2- mediated ROS





#### Vascular Dysfunction

Endothelial cell dysfunction (\$\frac{1}{2}NO^\* eNOS) Vasoconstrictor expression (ET, ROS) Acute autonomic imbalance (↑ SNS) CAMs, Cytokines, oxLDL, mitogenic, WBC + Plt activation

**Atherosclerosis** 

Vasoconstriction

### Ambient Air Pollution and Vascular Function DEARS Companion Study

Do ambient levels of air pollutants effect vascular function in the real world?

• Relation of air pollutants to vascular function/BP

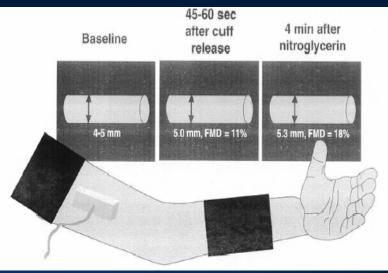
- Personal exposure monitoring (PM, OC, O<sub>3</sub>, metals)
- Determinants of response (BP, lipids, glucose)

#### Vascular Companion Study to DEARS

Time of day	Activity	Duration
6-9 am	Personal monitor device vests are given to the participant (Performed by DEARS monitors at the individual residence) Repeat on 2 <sup>nd</sup> participant at their residence Repeat on 3 <sup>rd</sup> participant at their residence	45 mins 45 mins 45 mins (3 hrs with travel time)
Between 6 and 9 am until 11 am	Subjects to wear personal monitor vests (Duration depends on order of receiving vest)	2-5 hrs
11am – 1 to 3 pm	Low-fat lunch (continue personal monitoring)	30-60 mins
1-3 pm until time between 6 and 9 pm	Subjects to wear personal monitor vests No additional food (fasting time period= 5 hours) (Duration may depend on order of vascular testing)	6-9 hrs
6-9 pm	Perform vascular testing in same order as receiving vests Perform vascular testing on 2 <sup>nd</sup> pt at their residence Perform vascular testing on 3 <sup>rd</sup> pt at their residence **DAY ONE Measure cholesterol profile and blood glucose	30 mins 30 mins 30 mins (3 hrs with travel time

#### **Brachial Flow-Mediated Dilatation (FMD)**

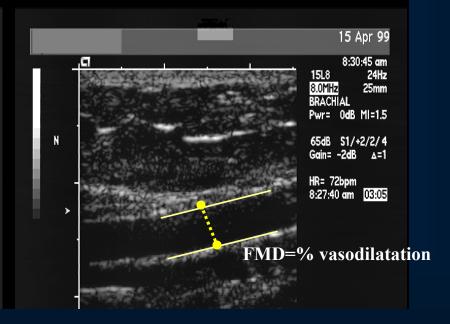




#### **BASELINE**

# 8:00:20 am 15L8 24Hz 8.0MHz 25mm BRACHIAL Pwr= 0dB MI=1.5 B 65dB \$1/+2/2/4 Gain= 0dB \$\text{\$\Delta\$}=1

#### **REACTIVE HYPEREMIA**







#### **Study Status Through Season 3**

Subjects consented	23 (49 potential) (47%)	
Subjects completed	22	
Winter 2005 / Summer 2005	9 / 13	
Race and Ethnicity	5 Caucasian 4 Mexican American 13 African American	
Gender	2 Male, 20 Female	
Zip Code	482098 482055 482163 481112 482352 482332	

#### **Study Status Through Season 3**

	Mean ± sd	Range	
Age (years)	$49 \pm 18$	21-80	
Body Weight (kg)	$87 \pm 24$	48-136	
Body Mass Index (kg·m <sup>-2</sup> )	$30.8 \pm 8.10$	16.8-47	
Systolic BP (mm Hg)	$135 \pm 20$	99-178	
Diastolic BP (mm Hg)	$79 \pm 10$	57-105	
Heart rate (beats·min-1)	$73 \pm 12$	48-103	
Medical History	n (%)		
Coronary Artery Disease	1 (5%)		
Systemic Arterial Hypertension	11 (52%)		
Peripheral Artery Disease	2 (10%)		
Hyperlipidemia	8 (38%)		
Diabetes Mellitus	4 (19%)		
Positive CHD Family History	6 (29%)		

#### **Conclusions / Plans**

 Measurement of vascular function/BP in the real world (home) environment is feasible and without adverse risk.

Maintain High Retention:

10/22 meeting

Commitment from most subjects (during follow-up)

Plan: Mail letter and follow-up call

Improve initial enrollment for seasons 5-6